

Background

This Public Health Operational Master Plan 2008 Provision Workplan is submitted in accordance with the adopted 2008 King County Budget Act, Ordinance 15975, Section 93, Proviso P1. This budget proviso reads:

Of this appropriation, \$50,000 shall only be expended or encumbered if, by January 3, 2008, the department of public health submits to the King County board of health a plan for initiating implementation of the adopted public health operational master plan strategies for health provision. The plan shall include steps to be taken in 2008 for implementing the health provision assessment, policy development and assurance strategies of the public health operational master plan and shall include proposals regarding the composition for a board of health committee who will provide oversight for this work. The plan shall, at a minimum, include the scope of issues to be addressed in 2008, schedule of activities, descriptions of the deliverables that the plan is working toward and proposed roles for the board of health and its committee.

In October of 2007, the County and board of health (“board”) adopted the public health operational master plan (“PHOMP”), creating the mission, goals, guiding principles and strategic direction for public health in King County.¹ The PHOMP establishes that “King County’s role in personal health care services is to help assure access to high quality health care for all populations and to fulfill critical public health responsibilities such as preventing the spread of communicable diseases. Helping to assure access to quality health care includes convening and leading system-wide efforts to improve access and quality, advocating for access to quality health care for all, forming partnerships with services providers, and/or directly providing individual health services when there are important public health reasons to do so.”² Consistent with this role, the County and board adopted the following long-term and four-year goals for health provision:

Long-term Health Provision Goal: Increase the number of healthy years lived by people in King County and eliminate health disparities through access to affordable, appropriate, and quality health care services.

2008-2012 Health Provision Goal: Increase access to affordable, quality health care through convening and leading the development and implementation of improved community strategies to provide services.

The PHOMP sets forth four-year health provision strategies in the areas of assessment (defining the problems), policy development (defining the solutions) and assurance (implementing the solutions).³ Consistent with the direction of the budget proviso referenced above, this 2008

¹ <http://www.metrokc.gov/exec/publichealthmasterplan/docs/FinalPublicHealthOMP20070906.pdf>

² Public Health Operational Master Plan, page 30

³ Public Health Operational Master Plan, pages 42-43

Provision Workplan addresses the first steps in implementing these strategies and proposes roles for the board of health and its committee with respect to this work.

Proposed Role of Board of Health and its Committee

A primary function of the Board of Health is to set county-wide public health policy.⁴ Similarly, the Policy Framework of the PHOMP states that in order to fulfill its responsibilities, Public Health – Seattle & King County (“PHSKC”) “must work in collaboration with community and government leaders to formulate evidence-based public policies designed to solve health problems.”⁵ The overarching health provision policy development strategy in the PHOMP is to “develop community-based policies to improve access to quality health care.”⁶ The Board and its committee has a key leadership role in the provision policy development work, providing guidance on the implementation of this workplan, and advocating for policy changes that will result in increased access to affordable, appropriate, and quality health care services. The board also has an important role in advising on timing of and methods for gathering stakeholder input. In light of these roles, the proposed composition of the board’s committee includes two to three members of the board of health, the Director of Public Health – Seattle & King County, plus three to five community leaders who have broad health care policy and delivery expertise and/or specific knowledge about the populations served by the safety net. The department will work with the board of health to develop a list of possible members for the committee, including:

- Board of health members (2-3)
- Director, Public Health – Seattle & King County
- Safety net system leader(s)
- Private health care delivery system leader(s)
- Health policy expert(s)
- Community leader(s) with special knowledge about vulnerable populations

2008 Key Work

The Provision policy development strategy is the core of the 2008 Provision Workplan. By implementing the policy development strategy, we will identify improvement opportunities in access to and quality of healthcare. Implementation of assessment and assurance activities during 2008 will be in support of this policy development work. During 2008, the department will work closely with the board and core safety net providers⁷ to carry out the following work:

⁴ <http://www.metrokc.gov/Health/boh/background.htm>

⁵ Public Health Operational Master Plan, page 31

⁶ Public Health Operational Master Plan, page 42

⁷ For purposes of this workplan, “core safety net providers” means Community Health Centers of King County*; Country Doctor Community Health Centers*; Harborview Medical Center’s primary care clinics, including Pioneer Square Clinic; International Community Health Services*; Odessa Brown Children’s Clinics; Public Health—Seattle & King County - Public Health Centers*; Puget Sound Neighborhood Health Centers*; Sea Mar Community Health Centers*; and Seattle Indian Health Board* (* = Federally Qualified Health Center (FQHC))

- Evaluate current access to and quality of primary medical and dental care for the uninsured, underinsured⁸ and Medicaid-eligible populations in King County (“the safety net population”).
- Monitor progress of the Children’s Health Initiative (“CHI”) pilot projects aimed at increasing access to primary medical and dental care.
- Identify and evaluate initial strategies for improving safety net planning, efficiency, and integration in order to improve access to and quality of care.
- Identify the risks and benefits to the public’s health of different roles for the department in the direct provision of primary and preventive personal health care services for the safety net population (ranging from status quo, to collaborating with other entities to provide care, to phasing out some or all direct services).
- Work with the Department of Community and Human Services (“DCHS”) to
 - evaluate best practices in access to health and mental health services for individuals in need of both.
 - monitor the results of the local Children’s Health Initiative, Veteran’s and Human Services Levy, and GA-U pilot projects that are aimed at increasing access to behavioral health services for this population by integrating behavioral health specialists into primary care.
 - identify strategies for delivery of health and behavioral health services to individuals who need both.
- Using Puget Sound Health Alliance (“PSHA”) reports on quality of care, identify areas for focused improvement efforts and informing the health care policy agenda.
- Track emerging health policy issues related to national and local health care reform.
- Improve the quality and cost-effectiveness of personal health services currently provided by the department by conducting an efficiency study of current operations, and initiating implementation of recommendations as appropriate. Use the results and recommendations of this study to inform the analysis of different roles for the department in the direct provision of primary and preventive personal health care services for the safety net population. Continue implementation of the strategic plans of the Emergency Medical Services and Jail Health Services Divisions.

The workplan set forth below includes the first steps in implementing the PHOMP provision strategies. As work progresses, we will allow the process to evolve accordingly, adding detail and next steps over time. Further, while the PHOMP separates the provision strategies into three distinct areas (assessment, health policy, and provision), these work streams are interdependent,

⁸ For purposes of this workplan, “underinsured” means (1) Medical expenses amounted to 10% of income or more; (2) among low-income adults (below 200 percent of the federal poverty level), medical expenses amounted to at least 5% of income; or (3) health plan deductibles equaled or exceeded 5% of income. See Schoen et al (2005): *Health Affairs*, June 14, 2005.

and will occur both sequentially and concurrently. Work in one area will inform work in another; for example, the assessment work which will be conducted in the first part of 2008 will by necessity and design inform the policy strategies we develop to improve access to and quality of care.

2008 Workplan Detail and Deliverables

PHOMP 2008-2012 Assessment Strategy

Develop the core data sets to obtain and disseminate accurate and credible basic information regarding access to, and quality of, health care in King County.

Developing robust community strategies for increasing access to affordable quality care requires that we know about the problems we are addressing. As part of the PHOMP process last year, we convened an expert panel to review and make recommendations for increasing access for the uninsured and underinsured in King County. The expert panel found that “information on current access and health care system capacity is limited, particularly for subpopulations and sub-regions within the County” and recommended that “Public Health – Seattle & King County should establish an ongoing Health Care Access and Capacity Assessment process to collect critical information that will guide planning efforts to improve access to quality care for the uninsured and underinsured.”⁹

In the current system, sufficient public resources are not currently available for providing care to everyone who is in need. We need additional information to help us determine priorities for extending care and to understand where we can make the biggest impacts with the resources that are available. Because we do know that significant inequities in health status and access to care occur in those populations with the least ability to pay for health care, we will focus our initial inquiry on the safety net population (uninsured, under-insured, and Medicaid-eligible.)

2008 Assessment Activities and Deliverables

1. Using data and information currently available, work with core safety net providers to evaluate current access to primary medical and dental care and the quality of care received for the uninsured, underinsured and Medicaid-eligible populations in King County. Identify specific sub-groups with highest health care needs (for example, mentally ill, homeless, and refugees.) To the extent possible, identify the degree to which access problems are due to financial barriers or capacity limitations of health care providers. Include utilization information to the extent that it is available and helps inform the access analysis.
 - **Deliverable:** Report on access to primary medical and dental care in King County for the safety net population. 1st and 2nd quarters, 2008
 - **Board and committee role:** Receive, discuss and accept the report. Identify policy implications of the report and any related actions for the board of health.

⁹ Public Health Operational Master Plan, page 101

2. Work with DCHS to evaluate best practices in access to health and mental health services for individuals in need of both.
 - ***Deliverable:*** Report on best practices in delivering care to individuals who need both health and behavioral health services. 3rd quarter, 2008
 - ***Board and committee role:*** Identify policy implications of the report and any related actions for the board of health.
3. Work with core safety net providers, DCHS, and other experts to identify gaps in our current ability to obtain and disseminate accurate and credible basic information regarding access to, and quality of, health care in King County. Describe critical missing data sets and possible strategies for obtaining them.
 - ***Deliverable:*** Report on gaps in our current assessment capabilities and strategies to address the gaps. 4th quarter, 2008
 - ***Board and committee role:*** Receive, discuss and accept the report. Identify policy implications of the report and related actions for the board of health.

PHOMP 2008-2012 Policy Development Strategy

Develop community-based policies to improve access to quality health care through:

1. Convening of the local health care payor, provider, and consumer community to create a vision and identify local strategies for more cost-effective use of health care resources and improved health care access
2. Actively engaging with core safety net providers, including community health centers, to increase collaboration and identify methods to improve planning, efficiency and integration
3. Determining, in concert with strategies 1 and 2 above, the appropriate role of PHSKC in the direct provision of health care services
4. Building the Puget Sound Health Alliance as a force for regional innovation in health care
5. Advocating across purchaser, health care provider, health plan, and governmental sectors for health care system reform

Health care reform will be a highly contested and discussed policy agenda nationally and in the state during 2008. Although at a local, regional and national level there are major health and health care policy issues which must be addressed for all King County residents, the populations which suffer most within the current policy environment include those who are uninsured, underinsured, or Medicaid eligible. These groups include those residents who experience health disparities and have the least ability to privately pay for their care. For that reason, the primary area of policy focus in 2008 will be on those sub-populations for which departmental, core safety net provider, and board of health planning and advocacy can have the greatest positive impact.

2008 Policy Development Activities and Deliverables

1. Work with the core safety net providers to develop strategies for improving planning, efficiency and integration of the safety net. Strategies should focus on (1) ensuring the effective integration of PH with the services of the other core safety net providers, (2) improving the infrastructure for the safety net delivery system to support current met and unmet needs for care, and (3) in conjunction with the efficiency study findings and recommendations for improving the quality and cost-effectiveness of personal health services current provided by the Department (see Assurance Strategy below), clarifying what the best use of County funds for provision might be, including possible roles of the Department in the direct provision of primary and preventive care. Develop a business plan for implementation of these strategies, including the necessary conditions for success, timelines, and pilots.
 - **Deliverable:** Outline of safety net strategies, necessary conditions for success, and possible pilots to test the strategies. 4th quarter 2008
 - **Board and committee role:** Provide input on strategies, identify policy implications and recommend action items to the board of health.
2. Convene core safety net providers, experts, and other community leaders to identify changes in health system design that could improve access, efficiency, and quality of care in King County. Jointly develop a plan for including local health care payor, provider, and consumer communities in the work of identifying local strategies for more cost-effective use of health care resources and improved health care access.
 - **Deliverable:** Workshops and summary report on best practices in serving safety net populations and in health system design. 1st and 2nd quarters 2008
 - **Deliverable:** Plan for including local health care payor, provider, and consumer communities in the work of identifying local strategies for more cost-effective use of health care resources and improved health care access. 3rd and 4th quarters 2008
 - **Board and committee role:** Provide input on workshop design, and attend workshops. Review and discuss summary report. Identify policy implications of the report and related actions for the board of health. Provide guidance on process for including stakeholders in the work of identifying local strategies for more cost-effective use of health care resources and improved health care access.
3. Work with DCHS to identify strategies for using that portion of the 1/10th percent mental health sales tax that relates to improving delivery of health and behavioral health services to individuals who need both.
 - **Deliverable:** Joint recommendations for use that portion of the 1/10th percent mental health sales tax that relates to improving delivery of health and behavioral health services to individuals who need both. 3rd quarter 2008.
 - **Board and committee role:** Receive recommendations. Identify policy implications of recommendations and determine appropriate action for board of health in supporting them.
4. Focusing on those elements of health care finance and delivery reform that are most directly applicable to King County, update the board of health on key policy issues.

- **Deliverable:** Ongoing updates on health care reform as appropriate.
- **Board and committee role:** Receive updates on national and local health care reform and, as appropriate, identify specific advocacy actions for the board of health,

PHOMP 2008-2012 Assurance Strategy

Improve the quality of health care delivered by health care providers in King County through the implementation of:

1. Prioritized activities to increase the proportion of King County residents who receive recommended clinical preventive services
2. Actions derived from Policy Development above to reduce the number of King County residents with inadequate access to health care
3. Puget Sound Health Alliance and King County programs and policies to improve the quality of health care services in King County

Improve the quality and cost-effectiveness of key health services delivered directly by PHSKC, including:

1. Emergency Medical Services (“EMS”)
2. Medical care for inmates at the King County jails
3. Health services provided at PHSKC Health Centers and at other direct service locations (such as the tuberculosis and HIV/STD clinics), as determined by the processes described in Policy Development above

During 2008, we will work with an efficiency expert to identify opportunities for improving the cost-effectiveness of health services provided by the department. This work includes assessment of current performance compared to benchmark performance in health centers or clinics serving comparable populations; recommendations for high value improvements in systems, processes or structures within the authority of PHSKC to change; and development of a detailed plan to implement approved recommendations, including tools and metrics for on-going assessment of performance. Implementation of the quality and cost-savings strategies of the multi-year Jail Health Services and EMS strategic plans continues in 2008.

2008 Assurance Activities and Deliverables

1. Use 2008 Puget Sound Health Alliance quality reports to identify key areas for focused improvement in quality of care.
 - **Deliverable:** Puget Sound Health Alliance quality reports and identification of possible areas for focused quality improvement. 2008 as appropriate.
 - **Board and committee role:** Receive and discuss reports and recommendations. Identify policy implications and determine appropriate action for board of health in supporting them.

2. Monitor the implementation and results of the Children's Health Initiative ("CHI") pilot projects aimed at increasing access to medical and dental care. Evaluate early pilot results and assess the advisability of replicating and/or expanding their scope.
 - ***Deliverable:*** Progress reports on CHI access pilots; recommendations for replicating and/or expanding their scope. 4th quarter 2008.
 - ***Board and committee role:*** Receive reports and recommendations. Identify policy implications of recommendations and determine appropriate action for board of health in supporting them.
3. Monitor the implementation and results of the Children's Health Initiative, Veteran's and Human Services Levy, and GA-U pilot projects that are aimed at increasing access to behavioral health services by integration of behavioral health specialists into primary care.
 - ***Deliverable:*** Progress reports on behavioral health pilots; recommendations for replicating and/or expanding their scope. 4th quarter 2008.
 - ***Board and committee role:*** Receive reports and recommendations. Identify policy implications of recommendations and determine appropriate action for board of health in supporting them.
4. Engage consultant to conduct efficiency study and make recommendations for improving quality and cost-effectiveness of health services provided at PHSKC health centers and at other direct service locations (such as tuberculosis and HIV/STD clinics.) Use these recommendations to inform the policy development work of clarifying what the best use of County funds for provision might be, including possible roles of the Department in the direct provision of primary and preventive care. (see Policy Development work above.)
 - ***Deliverable:*** Summary of departmental efficiency consultant's recommendations and implementation plan. 3rd quarter 2008.
 - ***Board and committee role:*** Receive and discuss summary reports and implementation plan. Identify policy implications and determine appropriate action for board of health in supporting them.
5. Continue implementation of strategies outlined in the Jail Health Services strategic plan, as well as recommendations from external reviewer's evaluations. Maintain NCCHC accreditation for the King County Correctional Facilities.
6. Implement new paramedic services in 2008 in order to maintain high-level paramedic responses to critically ill or injured patients. Continue ongoing key Regional Service Programs and initiate new Regional Programs and Strategic Initiatives as called for in the 2008-2013 Medic One/EMS Strategic Plan.

Attachment:

2008 Deliverables Grid

BOH PHOMP 2008 PROVISION WORKPLAN

2008 Deliverables	Q1	Q2	Q3	Q4
Report on access to primary medical and dental care in King County for the safety net population.		XX		
Report on best practices in delivering care to individuals who need both health and behavioral health services. 3 rd quarter, 2008			XX	
Report on gaps in our current assessment capabilities and strategies to address the gaps.				XX
Outline of safety net strategies, necessary conditions for success, and possible pilots to test the strategies.				XX
Workshops and summary report on best practices in serving safety net populations and in health system design.	XX	XX		
Plan for including local health care payor, provider, and consumer communities in the work of identifying local strategies for more cost-effective use of health care resources and improved health care access.				XX
Public Health and DCHS recommendations for use that portion of the 1/10 th percent mental health sales tax that relates to improving delivery of health and behavioral health services to individuals who need both.		XX		
Updates on health care reform.	As appropriate			
Puget Sound Health Alliance quality reports and identification of possible areas for focused quality improvement.	As appropriate			
Progress reports on CHI access pilots; recommendations for replicating and/or expanding their scope				XX
Progress reports on CHI, Veteran's and Human Services Levy, and GA-U behavioral health pilots; recommendations for replicating and/or expanding their scope.				XX
Summary of departmental efficiency consultant's recommendations and implementation plan.			XX	